

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

PAD0000000190

I. NAME OF INSTALLATION

S K F SPECIALTY BEARINGS DIVISION
S K F INDUSTRIES INC
~~SE FRONT. ERIE~~ 5400 Tulip Street
PHILADELPHIA, PA ~~19134~~ 19124

II. INSTALLATION MAILING ADDRESS

~~SE FRONT. ERIE~~ 5400 Tulip Street
PHILADELPHIA, PA ~~19134~~ 19124

III. LOCATION OF INSTALLATION

RECEIVED

FOR OFFICIAL USE ONLY

COMMENTS

EPA REGION III

Aug 18 00000124

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

PAD0000000190

80081K

I. NAME OF INSTALLATION

S K F Specialty Bearings Division

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

35400 TULIP STREET

CITY OR TOWN

PHILADELPHIA

ST.

ZIP CODE

PA 19124

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

55400 TULIP STREET

CITY OR TOWN

PHILADELPHIA

ST.

ZIP CODE

PA 19124

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 MANZI PAT SR MFG ENGINEER

215-533-5800

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 SKF INDUSTRIES INC

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

PAD0000000190

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

[illegible]

13	14	15	16	17	18
K 0 7 3	K 0 8 2				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

31	32	33	34	35	36
P 0 9 2	P 0 5 6	P 1 1 8	P 0 0 1	P 0 1 3	U 0 0 9
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 0 0 2	U 0 4 3	U 1 5 4	P 0 0 2	U 0 4 5	U 2 2 6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U 1 6 7	U 1 1 2	U 1 4 0			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

49			50			51			52			53			54		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

A. F. McCann
President, Specialty Bearings Div.

DATE SIGNED
8/15/80

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.~~PA000000198~~

Correct 10

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

S K F INDUSTRIES INC
SE FRONTIERIE 5400 Tulip Street
PHILADELPHIA, PA ~~19134~~ 19124

III. LOCATION OF INSTALLATION

SE FRONTIERIE 5400 Tulip Street
PHILADELPHIA, PA ~~19134~~ 19124
Deleted

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)~~PA0000229764621~~

F/A/C

A

800815

I. NAME OF INSTALLATION

S K F Industries Inc

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

35400 TULIP STREET

CITY OR TOWN

4 PHILADELPHIA

ST.

ZIP CODE

PA19124

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

55400 TULIP STREET

CITY OR TOWN

6 PHILADELPHIA

ST.

ZIP CODE

PA19124

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 MANZI PAT SR MFG ENGINEER

215.533.5800

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

8	W	P	A	D	0	0	2	2	9	7	6	9	4	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 1 0 23 - 26	2 F 0 1 1 23 - 26	3 F 0 1 2 23 - 26	4 F 0 0 1 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 0 7 3 23 - 26	14 K 0 8 2 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 9 2 23 - 26	32 P 0 5 6 23 - 26	33 P 1 1 8 23 - 26	34 P 0 0 1 23 - 26	35 P 0 1 3 23 - 26	36 U 0 0 9 23 - 26
37 U 0 0 2 23 - 26	38 U 0 4 3 23 - 26	39 U 1 5 4 23 - 26	40 P 0 0 2 23 - 26	41 U 0 4 5 23 - 26	42 U 2 2 6 23 - 26
43 U 1 6 7 23 - 26	44 U 1 1 2 23 - 26	45 U 1 4 0 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)☒ 1. IGNITABLE
(D001)☒ 2. CORROSIVE
(D002)☐ 3. REACTIVE
(D003)☒ 4. TOXIC
(D000)**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Kenneth R. Lehr

NAME & OFFICIAL TITLE (type or print)

Kenneth R. Lehr
Manager, Manufacturing Engineering

DATE SIGNED

8/12/80

FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F P A D 0 0 0 0 0 0 1 9 0 </div>
C. FACILITY NAME SKF SPECIALTY BEARINGS DIVISION V. MAILING ADDRESS SKF INDUSTRIES, INC. 5400 Tulip Street Philadelphia, PA 19124 VI. FACILITY LOCATION 5400 Tulip Street Philadelphia, PA 19124		GENERAL INSTRUCTIONS <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	SKF SPECIALTY BEARINGS DIVISION
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 MANZI PAT SR MFG ENG	215 533 5800

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 5400 TULIP STREET	4 PHILADELPHIA	PA	19124

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 5400 TULIP STREET	PHILADELPHIA	6 PHILADELPHIA	PA	19124	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	5	6	7			
(specify) Ball & Roller Manufacturing				(specify)			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?																	
8	S	K	F	S	P	E	C	I	A	L	T	I	Y	B	E	A	R	I	N	G	S	D	I	V	I	S	I	O	N
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																		D. PHONE (area code & no.)											
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE																		P (specify) 2 1 5 5 3 3 5 8 0 0											
E. STREET OR P.O. BOX																													
5 4 0 0 T U L I P S T R E E T																													
F. CITY OR TOWN												G. STATE		H. ZIP CODE		IX. INDIAN LAND													
P H I L A D E L P H I A												P A		1 9 1 2 4		Is the facility located on Indian lands?													
																<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)												D. PSD (Air Emissions from Proposed Sources)											
9 N A												9 P N A											
B. UIC (Underground Injection of Fluids)												E. OTHER (specify)											
9 U N A												9 N A (specify)											
C. RCRA (Hazardous Wastes)												E. OTHER (specify)											
9 R N A												9 N A (specify)											

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacturer of Ball and Roller Bearings

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
		A. F. McLann by K. R. Lehn		11-19-80	

COMMENTS FOR OFFICIAL USE ONLY

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FORM 3 RCRA	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER	
			PAD0000000190	

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	
23	24 25 26 27 28 29	

II. FIRST OR REVISED APPLICATION
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)	
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
C	YR. MO. DAY	C	YR. MO. DAY
8	4 0 0 3 0 5	15	73 74 75 76 77 78
B. REVISED APPLICATION (place an "X" below and complete Item I above)		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT	
<input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT	

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C										DUP										T/A C										1									
13 14 15										16 17 18 19										20 21 22										23 24 25 26 27 28 29 30									
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY														
		1. AMOUNT (specify)					2. UNIT OF MEA- SURE (enter code)								1. AMOUNT					2. UNIT OF MEA- SURE (enter code)																			
X-1	S 0 2	600					G						5																										
X-2	T 0 3	20					E						6																										
1	5 0 1	2,585					G						7																										
2													8																										
3													9																										
4													10																										
16 17 18 19										20 21 22										23 24 25 26 27 28 29 30																			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

47 Drums of PCB are stored in a dyked area 16'6" x 43'6", 10" High Dyke

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. X-1 X-2 X-3 X-4	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D S 0	
X-2	D 0 0 2	400	P	T 0 3 D S 0	
X-3	D 0 0 1	100	P	T 0 3 D S 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY									
W P A D 0 0 0 0 0 0 0 1 9 0													W DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																						
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES											
	23	24	25	26	27	28	29	30	31	32	1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	D	0	0	0	18,800				P								PCB stored in drums					
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
13																						
14																						
15																						
16																						
17																						
18																						
19																						
20																						
21																						
22																						
23																						
24																						
25																						
26																						

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

5	F	P	A	D	0	0	0	0	0	0	1	9	0	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	0	0	0	0	3	0
65	66	67	68	69	70	71

0	7	5	0	3	0	0	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

17	18	C	E	SKF INDUSTRIES, INC.
----	----	---	---	----------------------

2	1	5	2	6	5	1	9	0	0
30	31	32	33	34	35	36	37	38	39

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

19	20	C	F	1100 First Avenue
----	----	---	---	-------------------

21	22	C	G	King of Prussia
----	----	---	---	-----------------

P	A
---	---

1	9	4	0	6
40	41	42	43	44

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

A. F. McLann
by K. R. Helm

11-19-80

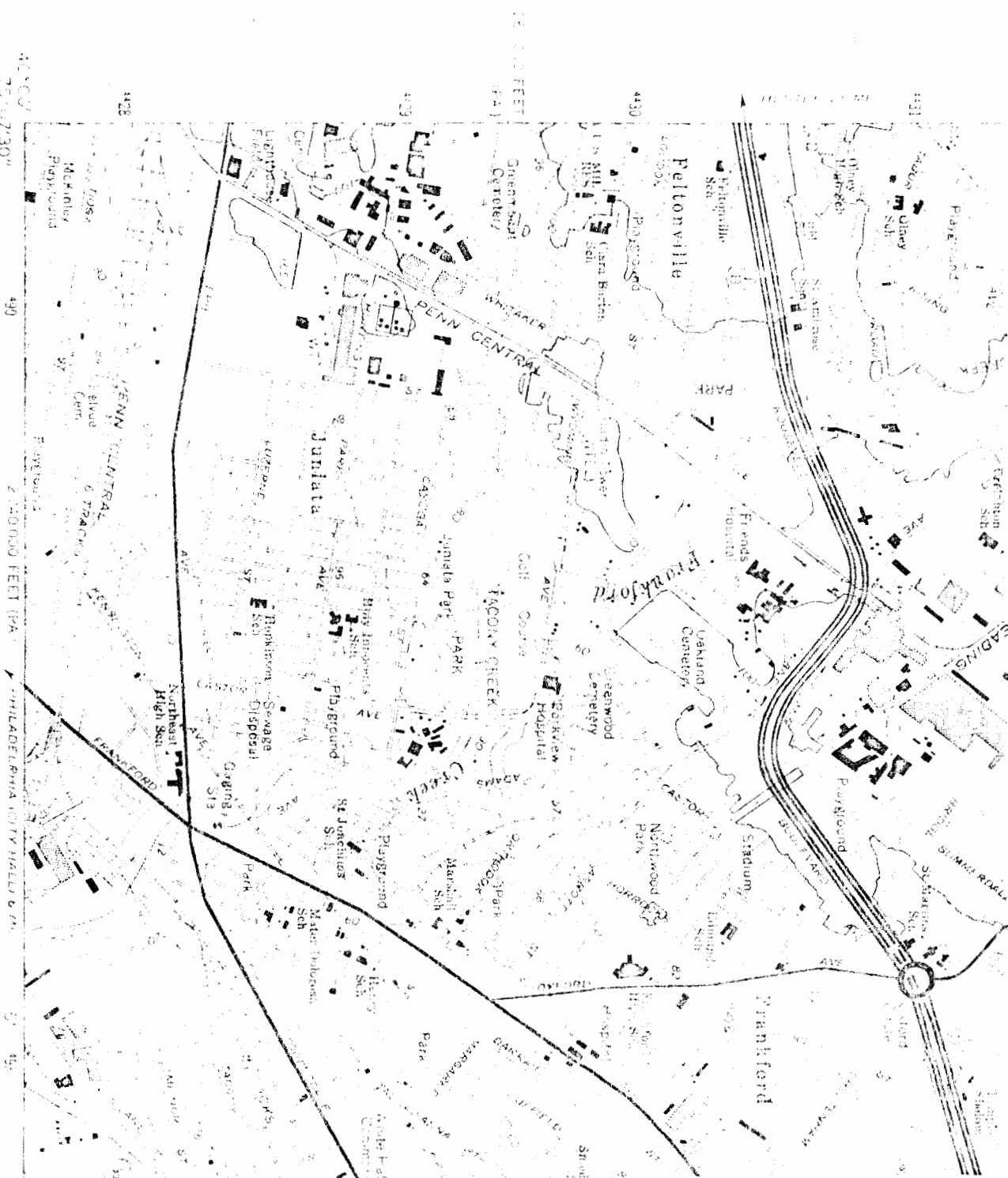
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



Mapped by the U.S. Coast & Geodetic Survey
 Edited and published by the Geological Survey
 Control by USCGS, USCGS, USCE, and
 New Jersey Geodetic Control Survey

Planimetry by photogrammetric methods from aerial photographs
 taken 1946 and 1950. Topography by planimetric surveys 1947
 Revised by the Geological Survey from aerial photographs taken 1965
 Field checked 1967

Selected hydrographic data compiled from USCGS Chart 290 (1966)

10' 0.02'
 1/28 inch 1 mile



IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1		2		3		4		5		6	
F	O	I	O	F	O	I	I	F	O	O	I
23	-	26		23	-	26		23	-	26	
7		8		9		10		11		12	
23	-	26		23	-	26		23	-	26	

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

[illegible]

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 0 9 2	P 0 5 6	P 1 1 8	P 0 0 1	P 0 1 3	U 0 0 9
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 0 0 2	U 0 4 3	U 1 5 4	P 0 0 2	U 0 4 5	U 2 2 6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U 1 6 7	U 1 1 2	U 1 4 0			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49		50		51		52		53		54	
23	28	23	28	23	28	23	28	23	28	23	28

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D009)

4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED

Hazardous Waste Quantity Notification

Business Name

SKF AEROSPACE DIVISION ^{chg name 11/30/85} *

Business Address

5400 Tulip St

PHILADELPHIA PA 19124

EPA ID Number

PAD000000190

Hazardous Waste Generated

0 - 100 kg/month

☐

100 - 1000 kg/month

☐

1000 kg/month or more

☒

Laurance A. Luder

Supervisor Safety & Security
Hazardous Waste Coord.

Signature and Title

* name recently changed
from SKF Specialty Bearings Div.



Official Business
Penalty for Private Use
\$300

FIRST-CLASS MAIL
POSTAGE & FEES PAID
EPA
PERMIT NO. G-35

United States
Environmental Protection
Agency

Washington DC 20460

JOHN A ARMSTEAD
VA/WV SECTION (3HW31)
US EPA REGIONIII
841 CHESTNUT ST.
PHILADELPHIA, PA 19107

EPA Form 5180-11 (5-79)

LIABILITY INSURANCE

- Travelers Indemnity Company of Rhode Island
- Travelers Indemnity Company of Illinois
- Charter Oak Fire Insurance Company

One Tower Square
Hartford, Connecticut 06115

hereby certifies that it has issued liability insurance covering bodily injury and property damage to

Name S K F INDUSTRIES INC

Mailing Address P O BOX 239 1100 FIRST AVE
KING OF PRUSSIA PA 19406

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at

[illegible]

1. SEE EXTENSION SHEET CP-2853

for:

— sudden accidental occurrences
— non-sudden accidental occurrences
X sudden and non-sudden accidental occurrences

[illegible]

exclusive of legal defense costs. The coverage is provided under

Policy Number **TLER-186T813-7-85**

Issued on 02-01-85

The effective date of said policy is **01-12-85**

REPLACING CERTIFICATE ISSUED 02-01-85 TO AMEND EFFECTIVE DATE OF THE POLICY.

PHIL-166
04-09-85

(CONTINUED ON REVERSE)

The Insurer further certifies the following with respect to the insurance described on Page 1:

- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (e) Any other termination of the insurance will be effective only upon written notice any only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



John R. Kenney
Secretary, Authorized Representative of the Travelers Insurance
Companies
One Tower Square, Hartford, Connecticut 06115

Hazardous Waste Facility Certificate
Liability of Insurance
(Extension Sheet)

<u>EPA I.D. Number</u>	<u>Name of Facility</u>	<u>Location</u>
1. PAD 000000190	SKF SPECIALTY BEARING DIVISION	5400 TULIP ST PHILADELPHIA PA 19126
2. PAD 000000182	NICE BEARING PRODUCTS DIV	MAIN ST KULPSVILLE PA 19443
3. PAT 4400111815	INTERNATIONAL PRODUCTS DIV	LEHIGH VALLEY IND PARK 2 ALLENTOWN PA 18103
4. PAD 042147652	SKF ROLLER BEARING DIV	RD 3 FAME AVE EXT HANOVER PA 17331
5. PAD 003026606	SKF INDUSTRIES	W KING ST SHIPPENSBURG PA 17257
6. PAD 0004344172	SKF BALL BEARING DIV	1100 LOGAN BLVD ALTOONA PA 16602
7. ^{PAD} PAT 000620823	SKF INDUSTRIES	1100 FIRST AVE KING OF PRUSSIA PA 19406

HAZARDOUS WASTE FACILITY CERTIFICATE
of
LIABILITY INSURANCE

☒ Travelers Indemnity Company
☐ Travelers Indemnity Company of America
☐ The Phoenix Insurance Company

☐ Travelers Indemnity Company of Rhode Island
☐ Travelers Indemnity Company of Illinois
☐ Charter Oak Fire Insurance Company

One Tower Square
Hartford, Connecticut 06115

hereby certifies that it has issued liability insurance covering bodily injury and property damage to

Name S K F INDUSTRIES INC
Mailing Address P O BOX 239 1100 FIRST AVE
KING OF PRUSSIA PA 19406

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at

<u>E.P.A. I.D. NUMBER</u>	<u>NAME</u>	<u>ADDRESS</u>
---------------------------	-------------	----------------

1. **SEE EXTENSION SHEET CP-2853**

for:

- ☐ sudden accidental occurrences
☐ non-sudden accidental occurrences
☒ sudden and non-sudden accidental occurrences

The limits of liability are \$ 4,000,000 each occurrence
\$ 8,000,000 annual aggregate

exclusive of legal defense costs. The coverage is provided under

Policy Number TL-EH-186T813-7-83
Issued on 01-26-83

The effective date of said policy is 01-12-83

Replacing Policy TREE-SLG-168T074-3-82 to amend Address of Insured, Coverage and Limits. Former Address: P O Box 2391 1100 First Ave King of Prussia PA 19406

PHIL-166
03-07-83

(CONTINUED ON REVERSE)

RECEIVED

MAR 9 1983

AIR, TOXICS
Hazardous
Waste Division
EPA REGION III

The Insurer further certifies the following with respect to the insurance described on Page 1:

- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (e) Any other termination of the insurance will be effective only upon written notice any only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.

John R. Kenney, Secretary
(DP)

John R. Kenney
Secretary, Authorized Representative of the Travelers Insurance
Companies
One Tower Square, Hartford, Connecticut 06115

Hazardous Waste Facility Certificate
Liability of Insurance
(Extension Sheet)

<u>EPA I.D. Number</u>	<u>Name of Facility</u>	<u>Location</u>
1. PAD 000000190	SKF SPECIALTY BEARING DIVISION	5400 TULIP ST PHILADELPHIA PA 19126
2. PAD 000000182	NICE BEARING PRODUCTS DIV	MAIN ST KULPSVILLE PA 19443
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6. PAD 0004344172	SKF BALL BEARING DIV	1100 LOGAN BLVD ALTOONA PA 16602
7. PAT 000620823	SKF INDUSTRIES	1100 FIRST AVE KING OF PRUSSIA PA 19406

RCRIS UNIVERSE MAINTENANCE FORM

EPA ID

P A D O E C C C O 1 9 0

Facility Name

SKF Aerospace Div

Source: N A (S) E

Notification Date

1/19/97

6507
3/8/97

Generator	<u>N</u>	<u>N</u>	<u>7</u>
Transporter	_____	_____	_____
TSD	_____	_____	_____
Burner	_____	_____	_____
HWF Market to Blender	_____	HWF Other Market	_____
OSO Market to Burner	_____	OSO Other Market	_____
SO ACT:		HWF Burner	_____
Burner Type: Utility Boiler		_____	Industrial Boiler
Underground Injection Control:		Furnace	_____
Recycler:			
Mode of Transportation: Air _____ Rail _____ Highway _____ Water _____			
Other _____			

Process Code Information

Source E or S (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

<input type="checkbox"/> IR inspection report	<input type="checkbox"/> Affidavit from the facility
<input type="checkbox"/> Revised Notification from the state	<input type="checkbox"/> Affidavit from the state
<input type="checkbox"/> Revised Notification from the facility	<input type="checkbox"/> Biennial report
<input type="checkbox"/> EPA clean closure certificate	<input type="checkbox"/> Documentation not required
<input type="checkbox"/> State documentation certifying clean closure	
<input type="checkbox"/> Other	

Date to Data Entry _____

Batch Number _____

Date QAd _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT - HAZARDOUS WASTE
SMALL QUANTITY GENERATOR

Site I.D. PA0 000000190 Telephone # 215/553-5800
 Site Name SEF Aerospace Div. Operator Name _____
 Address 5400 Tulip St. Address _____
Phila., Pa. 19140
 Municipality Phila. County Phila.
 Responsible Official _____ Title _____
 Person Interviewed _____ Title _____
 Inspector Smolar, Chris Time 11:30
 Due Date 9/30/97 Inspection Date 1/26/98 Inspection Type 01 Facility Type 07 Inspector ID 2154 # Violation 00

Are hazardous wastes transported off-site by this generator? Yes ☒ No

If not, license number(s) and expiration dates of transporter(s): Not a Generator

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

STATUS				REQUIREMENT	CHAPTER CITATION	LINE NUMBERS
1	2	3	4			
	X			Amount of wastes generated per month is within small quantity generator limits. Average waste generated monthly _____	261.5(a)	H491
	X			Amount of waste accumulated is within small quantity generator limits	261.5(d)	H492
	X			Hazardous waste determination (262.11)	261.5(g)(1)	H493
	X			Records of quantities, descriptions and dispositions of all wastes retained for five years and furnished to the Department upon request	262.11(d)	H494
	X			Storage within time limit specified (261.5(d))	261.5(g)(2)	H495
	X			Manifest system used for off-site transport	262.20(a)	H496

261.5 Indicate below the method of handling of the waste:

- _____ a. Treatment or disposal at permitted on-site facility.
 Permit Number _____ Treatment _____ Disposal _____
- _____ b. Delivered to a PA haz. waste facility. Name of facility: _____
- _____ c. Delivered to a PA municipal or residual facility with Form S approval. Name of facility: _____
- _____ d. Delivered to an approved out-of-state facility. Name of facility: _____
- _____ e. Delivered to a reclamation, reuse, or recycle facility. Name of facility: _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 01/29/97 Identification Number 000000190Company/Facility/Site Name SKF Aerospace Division

- Inspection of the site at 5400 Tulip St Phila., Pa. 19140 showed that the site was no longer occupied by SKF Aerospace Division. Upon arriving at this site it was discovered by Ann Grom and myself that this site was now occupied by Ocean Deserts Company.

- SKF Aerospace Division no longer exist at this site

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____ Date _____

Inspector (signature) Christopher Anzalone Date 1/31/97Page 2 of 2

EPA



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES

1875 New Hope Street
Norristown, PA 19401
215 270-1948

February 22, 1988

Mr. John North
SKF Industries
5400 Tulip Street
Philadelphia, PA 19124

Re: Manifest Review
Manifest Document No. PAB00901622
EPA Identification No. PAD000000190

NOTICE OF VIOLATION

Dear Mr. North:

This letter is to confirm the findings of the Department's review of the above manifest. Requirements for hazardous waste facilities are contained in Chapters 75.260 through 75.267 of the Rules and Regulations of the Department. Violations of applicable sections of these regulations found during our review are as follows:

75.262(e)(1, 7v) - The generator did not place the name and EPA ID number of the hazardous waste transporter on the manifest.

You are hereby notified of both the existence of these violations as well as the need to provide for their prompt correction. Toward this end, you are requested to submit to the Department within fourteen (14) days a report explaining the reasons for the violations and a proposed program to prevent their reoccurrence. Please indicate with your report documentation that the discrepancies have been resolved.

This letter does not waive, either expressly or by implication, the power or authority of the Commonwealth of Pennsylvania to prosecute for any and all violations of law arising prior to or after the issuance of this letter or the conditions upon which the letter is based. This letter shall not be construed so as to waive or impair any rights of the Department of Environmental Resources, heretofore or hereafter existing.

This letter shall also not be construed as a final action of the Department of Environmental Resources.

Mr. John North
February 22, 1988
- 2 -

If you have any questions concerning this matter, please feel free to contact me at 270-1948.

Very truly yours,

ROBERT ZANG
Waste Management Specialist

cc: Mr. Danyliw
Mr. Pagano
US EPA/RCRA Enforcement ✓
Division of Compliance & Monitoring
EPA
Re 30 (CLC)53

HAZARDOUS WASTE INSPECTION REPORT
Transporters - Part A

Date of inspection 1/12/88 Time start 10⁰⁰ Time finish 10⁰⁰

Name of inspector Robert Jang

Company name Happi Trucking Corp.

Location inspection performed at G.K.O. W.S., Inc. (Parsippany)

County * Bucks Municipality * Falls Twp.

Identification number ~~PA~~ NJD000813477

Name of responsible official _____

Title _____

Mailing address P.O. Box 510, Metawan, NJ - 07747

Area code and phone no. 201-566-3000

Name of person interviewed Vincent Oliver

Title Driver

Mailing address (if different from above) _____

Area code and phone no. _____

1. Is the transporter (HWT) license number PA-AH0278

2. Expiration date 8/31/89

3. Hazardous waste handling: ☒ N/A

a. ☐ blending, ☐ mixing

b. ☐ storage, ☐ treatment, ☐ disposal

c. ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

4. Does the transporter generate hazardous wastes? ☐ Yes ☒ No

5. Amount of hazardous waste produced by Hazardous Waste Number: N/A

6. Are hazardous wastes transported into the Commonwealth from abroad? ☐ Yes ☒ No

HAZARDOUS WASTE INSPECTION REPORT
Part C - Comments

Date of inspection 1/12/88 Identification number NSD 000 813 437

Installation name Nappi Trucking Corp.

Address Ducks Municipality Falk Township

PARTIAL INSPECTION

Transfer is in compliance
based on this inspection.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Solid Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming confirming any violations indicated herein and listing any additional violations.

Name (inspector) VINCENT OLIVER

Date 1/12/88

Name (signature) Robert Jang

Date 1/12/88



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

April 8, 1981
Certified Mail
Return Receipt Requested

Mr. Pat Manzi, Sr.
SKF Specialty Bearings Division
5400 Tulip Street
Philadelphia, PA 19124

Re: Nonregulated Facility
Facility Name: 5400 Tulip Street
Facility Location: Philadelphia, PA 19124

Dear Mr. Manzi:

The Environmental Protection Agency (EPA) has received Part A of a permit application pursuant to Section 3005 of the Resource Conservation and Recovery Act for the facility referenced above. The application does not demonstrate that the facility is one which is required to have a Federal permit under Section 3005 of the Act. Accordingly, the Agency is returning the application.

If you have any questions, please contact Joan Henry on 215/597-8751 or Bill Walsh on 215/597-1230.

Sincerely yours,

Shirley D. Bulkin
Chief, RCRA Administrative Support Section
Permit Enforcement Branch
Enforcement Division

Enclosure

SKF TECHNOLOGY SERVICES
SKF INDUSTRIES, INC.

March 24, 1981

U. S. Environmental Protection Agency
6th and Walnut Streets
Philadelphia, PA 19106

Attention: Ms. Shirley D. Bulkin

Dear Ms. Bulkin:

In regard to the hazardous waste permit application submitted by SKF Specialty Bearing Division located in Philadelphia, please find enclosed the properly signed page 4 of the subject application.

If you have any further questions or comments regarding this application, please advise me.

Sincerely,

A handwritten signature in cursive script, reading "R. C. Schroll".

Raymond C. Schroll

mg



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # PAD000000190

December 18, 1980

SKF Specialty Bearings Div.
Mr. Pat Manzi
5400 Tulip Street
Phila., Pa. 19124

Re: Acknowledgment of Application for
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

SKF SPECIALTY BEARINGS DIVISION
SKF INDUSTRIES, INC.

November 21, 1980

M.S. Environmental Protection Agency
Region III
P. O. Box 1480
Philadelphia, PA 19107

RE: Our letter of November 19, 1980

Gentlemen:

Attached is the original copy of our Application under the Consolidation Permits Program. We have included properly signed copies of Forms OMB No. 158-R0175 and OMB No. 158-S8004 in addition to a geographic map showing our plant location, a plant layout, and a photograph of the storage area.

Please replace the copies of this submittal forwarded two days ago; this should complete our filing. We appreciate your cooperation.

Very truly yours,

SKF INDUSTRIES, INC.
SPECIALTY BEARINGS DIVISION



Kenneth R. Lehr
Manager,
Manufacturing Engineering

KRL:jmk

Attachments

SKF SPECIALTY BEARINGS DIVISION
SKF INDUSTRIES, INC.

*Miss Regulation PCB
Storage only -*

November 19, 1980

M.S. Environmental Protection Agency
Region III
P. O. Box 1480
Philadelphia, PA 19107

Gentlemen:

Attached is a copy of our application under the Consolidated Plants Program. The original copy will be forwarded on November 21, 1980 to your office.

Unfortunately, the original copy is not available for mailing today as it was left in the briefcase of an employee who is out-of-town.

We hope that this oversight will not affect our filing status.

Very truly yours,

SKF INDUSTRIES, INC.
SPECIALTY BEARINGS DIVISION



Kenneth R. Lehr
Manager,
Manufacturing Engineering

KRL:jmk

Attachments



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD000000190

INSTALLATION ADDRESS

**SKF SPECIALTY BEARINGS DIVISION
5400 TULIP STREET
PHILADELPHIA PA 19124**

**5400 TULIP STREET
PHILADELPHIA PA 19124**

SKF SPECIALTY BEARINGS DIVISION
SKF INDUSTRIES, INC.

5400 TULIP ST., PHILADELPHIA, PA 19124



EPA Region III
P. O. Box 1480
Philadelphia, PA 19107



SKF INDUSTRIES, INC.

P.O. BOX 239, 1100 FIRST AVE., KING OF PRUSSIA, PA 19406



Return Receipt Requested

Certified Mail-Return Receipt



U. S. Environmental Protection Agency
6th and Walnut Streets
Philadelphia, PA 19106

Attention: Ms. Shirley D. Bulkin

ENVIRONMENTAL HAZARDOUS WASTE DATA FACILITY INVENTORY



SKF Industries Inc.

CARD CODE	FACILITY IDENTIFICATION NUMBER	TRANS CODE	CARD NO.	NOTIFICATION APPROVAL	DATE NOTIFIED	PERMIT APPLICATION APPROVAL	DATE PART A PERMIT REC'D	FACILITY NAME				
F	P.A.D.00000019031							SKF Inc.				
1	2	13	14	15	16	17	22	23	24	29	30	
FACILITY CONTACT NAME/POSITION												
F	DUP		2									
1	2	13	14	15	16							
MAILING ADDRESS												
F	DUP		3									
1	2	13	14	15	16							
MAILING CITY												
F	DUP		4									
1	2	13	14	15	16							
FACILITY ADDRESS												
F	DUP		5									
1	2	13	14	15	16							
FACILITY CITY												
F	DUP		6									
1	2	13	14	15	16							
STATE												